IREDELL COUNTY HEALTH DEPARTMENT

ST...ILLE 704-878-5305 MOORESVILLE 704-664-5281

4636-32-5184 4.00

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 122285 PIN# 4636-32-8692.040 ORLEANS HOMES DATE Oct 20, 04

OWNER OR CONTRACTOR Diewst Enterprises (Dwight Sielle) PHONE: Business _____ Home _____

ADDRESS 125 Eastwood, Mooresville NC 28117

LOCATION Brawley School Rd TL Isle of Pines TL Isle Run Dr TL Preserve Way TL Meadow Run on left at jct w/ Dale View Ct.

SUBDIVISION The Cove at Lasapeake Pt BLOCK / SECTION _____ LOT 40 LOT AREA .84ac SITE CLASS. PS DESIGN FLOW 720gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 5-6-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: County 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

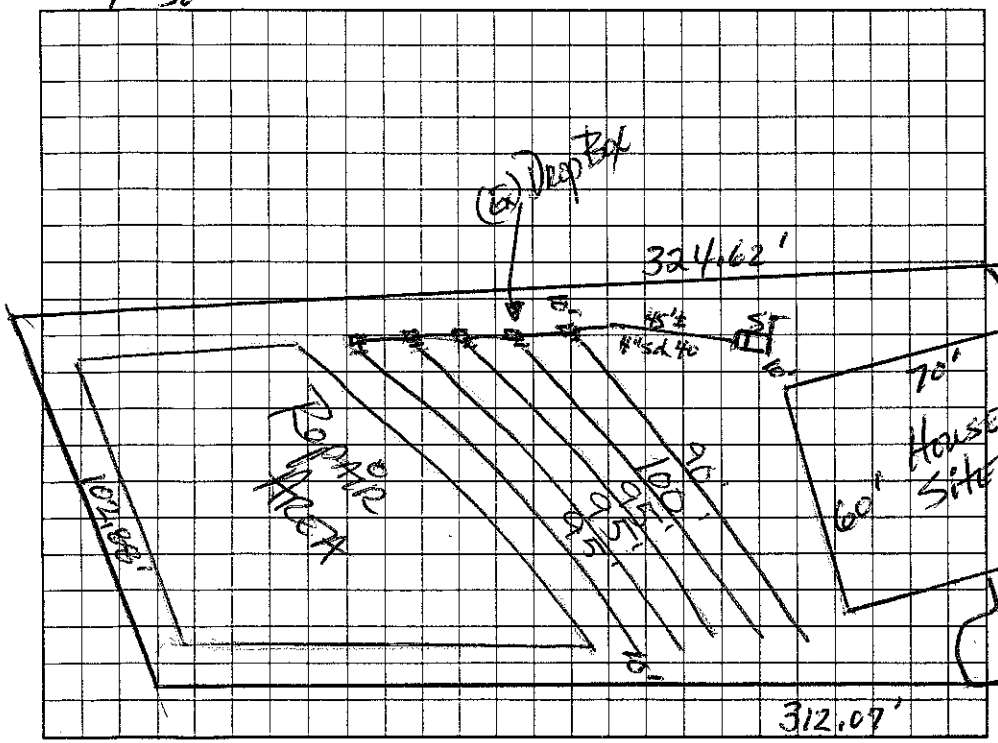
Water Supply:
☐ Individual
☑ Public
☑ Community

Comments:/Conditions:

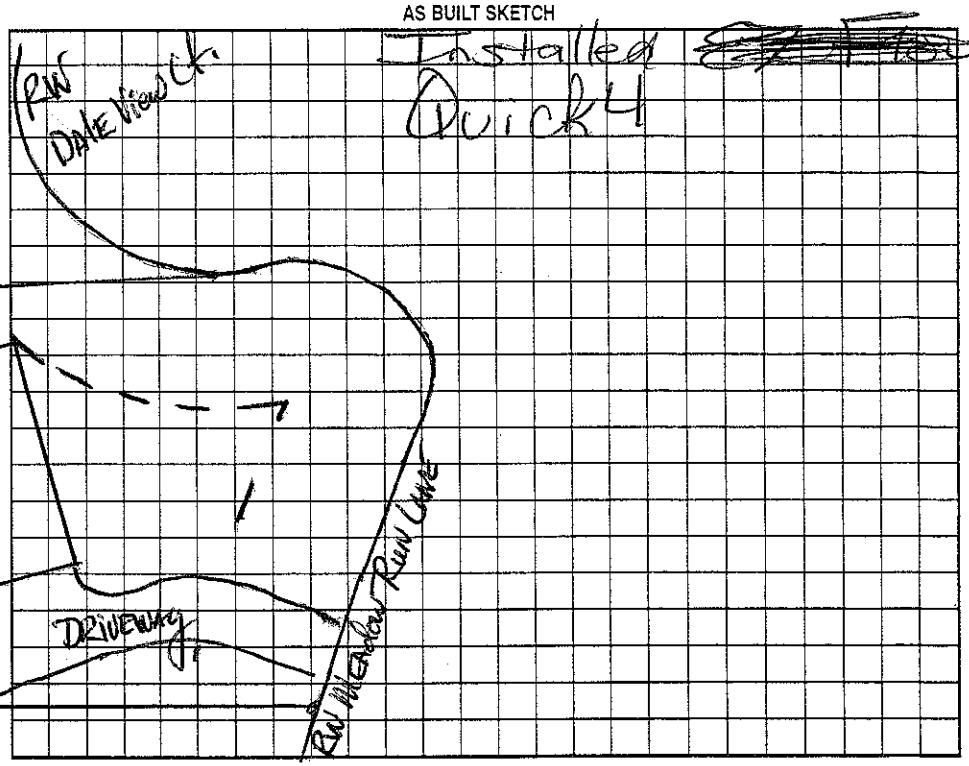
Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit, – not to exceed sixty months.

Signed: Tony Kelly date 10.28.04

Improvement Permit by: D. Allen, RS date 10-20-04

Authorization to Construct by: Wesley Sparks RS. date 12/28/05

Installed by: Willie Christenburg

Operation Permit by: Maria H. Dolson RS date 6/20/06

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK